

PART B - FEE(S) TRANSMITTAL

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23619 7590 11/05/2010
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Sharon A. Nance	(Depositor's name)
/Sharon A. Nance/	(Signature)
February 7, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/07/2011	02/04/2004	Paul V. Cooper	23438.00043	3988

TITLE OF INVENTION: SUPPORT POST SYSTEM FOR MOLTEN METAL PUMP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/07/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
KASTLER, SCOTT R	1733	266-239000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list <ul style="list-style-type: none"> (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	<input type="checkbox"/> David E. Rogers 2. _____ 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <ul style="list-style-type: none"> <input type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____ 	4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above) <ul style="list-style-type: none"> <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2814 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above) <ul style="list-style-type: none"> <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). 	
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Authorized Signature <u>/David E. Rogers/</u>	Date <u>February 7, 2011</u>
Typed or printed name <u>David E. Rogers</u>	Registration No. <u>38,287</u>

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